

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009716

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317  
FILED MAR 18 1963

547

622

VS 300  
Rev. 4/59

14005

2 214

3

4 0

5 1

6

7 0

8 2

9 4201

10

11

12 46-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

RICHMOND HEIGHTS

Length of stay in 1b

HRS.

c. FULL NAME OF (If NOT in hospital, give location)

ST. MARY'S HOSP.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

admission)

c. CITY

OR

TOWN

ST. LOUIS

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

4970 POTOMAC

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

ALBERT

BLAHA

4. DATE

OF

DEATH

Month

FEB

Day

21

Year

1963

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

JAN. 3 1896

## 9. AGE (last birthday)

67

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MAINT. MAN

## 10b. KIND OF BUSINESS OR INDUSTRY

GEORGE LABORATORY

## 11. BIRTHPLACE (City and state or country)

ST. LOUIS MO.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

IGNATIUS BLAHA

## 13b. MOTHER'S MAIDEN NAME

ANN TINTERA

## 14. NAME OF HUSBAND OR WIFE

LYDIA BLAHA

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

YES WWI

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

[REDACTED]

## Address

43 LYDIA BLAHA 4970 POTOMAC

## 18. CAUSE OF DEATH (Enter only one cause per

PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary Occlusion, acute, post-mortem

## INTERVAL BETWEEN

ONSET AND DEATH

48h.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

[REDACTED]

## DUE TO (c)

[REDACTED]

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Essential Hypertension

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

1758

to 2/21/63

and last saw him alive on

2/23/63

## Death occurred at

[REDACTED]

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

[REDACTED]

## (Deceased or informant)

## 22b. ADDRESS

3915 Watson Rd

## 22c. DATE SIGNED

2/23/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

2/25/63

## 23c. NAME OF CEMETERY OR CREMATORY

RESURRECTION CEM.

## 23d. LOCATION (City, town, or county)

ST. LOUIS CO. MO.

## (State)

## 24. FUNERAL DIRECTOR

Thomas Kuttia

## ADDRESS

2906 [REDACTED]

## 25. DATE RECD. BY LOCAL REG.

2-24-63

## 26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. Dallas Roper Anatomist Mt. Center, Ind. 10<sup>00</sup> - 11<sup>30</sup> 12<sup>00</sup> - 5<sup>00</sup> M 7-4221

County Permit

845-2017

DEPT. OF HEALTH

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Lochy H. Hays*  
Licensed Embalmer No. 4861

P. O. Address St. Louis 19 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.